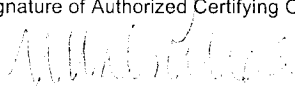


FINANCIAL STATUS REPORT

(Short Form)

(Follow instructions on the back)

1. Federal Agency and Organizational Element to Which Report is Submitted Denali Commission		2. Federal Grant or Other Identifying Number Assigned By Federal Agency A-2004-09		OMB Approval No. 0348-0038	Page of 1 of 1 pages
3. Recipient Organization (Name and complete address, including ZIP code) Alaska Primary Care Association 903 W. Northern Lights Blvd., Suite 200, Anchorage, AK 99503					
4. Employer Identification Number 92-0154822		5. Recipient Account Number or Identifying Number		6. Final Report <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
7. Basis <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual					
8. Funding/Grant Period (See instructions) From: (Month, Day, Year) 8/1/2004		To: (Month, Day, Year) 9/30/2006		9. Period Covered by this Report From: (Month, Day, Year) 10/1/2005	
				To: (Month, Day, Year) 12/31/2005	
10. Transactions:		I Previously Reported	II This Period	III Cumulative	
a. Total outlays		100,000.00	25,438.00	125,438.00	
b. Recipient share of outlays			438.00	438.00	
c. Federal share of outlays			25,000.00	25,000.00	
d. Total unliquidated obligations					
e. Recipient share of unliquidated obligations					
f. Federal share of unliquidated obligations					
g. Total Federal share(Sum of lines c and f)				25,000.00	
h. Total Federal funds authorized for this funding period				25,000.00	
i. Unobligated balance of Federal funds(Line h minus line g)				0.00	
11. Indirect Expense	a. Type of Rate(Place "X" in appropriate box) <input type="checkbox"/> Provisional <input type="checkbox"/> Predetermined <input checked="" type="checkbox"/> Final <input type="checkbox"/> Fixed				
	b. Rate	c. Base	d. Total Amount	e. Federal Share	
12. Remarks: Attach any explanations deemed necessary or information required by Federal sponsoring agency in compliance with governing legislation.					
13. Certification: I certify to the best of my knowledge and belief that this report is correct and complete and that all outlays and unliquidated obligations are for the purposes set forth in the award documents.					
Typed or Printed Name and Title Matthew Walsh Kasmar			Telephone (Area code, number and extension) 907-929 2125		
Signature of Authorized Certifying Official 			Date Report Submitted January 30, 2006		